

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

11848

State File No. ....

**JAN 4 1951**

BIRTH NO. .... REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3052 Registrar's No. 78

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ray</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>328 S. Camden</u>		d. STREET ADDRESS (If rural, give location) <u>328 S. Camden</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>BYERS</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>December 24, 1950</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>November 2, 1859</u>
<b>9. AGE</b> (In years last birthday) <u>91</u>		<b>10. AGE</b> (In years last birthday) <u>1</u>	<b>11. AGE</b> (In years last birthday) <u>22</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>---</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Richmond, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>Richard Bohannon</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Frances Ann Morris</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>William H. Byers</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>---</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Lucy Roark, Richmond, Mo.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cardio Vascular</u>  <b>ANTECEDENT CAUSES</b> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  <b>DUE TO (b)</b> <u>Uremic Poisoning</u>  <b>DUE TO (c)</b> <u>---</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 yr.</u> <u>2 days</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				<u>42.21</u>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** 12/2/1950, to 12/24/1950, that I last saw the deceased alive on 12/24/1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. E. G. Roark, M.D.</u>		<b>23b. ADDRESS</b> <u>Richmond, Missouri</u>		<b>23c. DATE SIGNED</b> <u>12/26/50</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>Dec. 26, 1950</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>	
				<b>24d. LOCATION (City, town, or county) (State)</b> <u>Richmond, Missouri</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>Dec 26, 1950</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Malcolm Jackson</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Thurman Funeral Home</u>	
				<b>ADDRESS</b> <u>Richmond, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0891



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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, W. L. Thurman

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed William L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.